

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

Professional Insurance Agents Political Action Committee

ADDRESS (number and street)

400 N. Washington St.

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00004994

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2005

through

07

31

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kellie Bray

Signature of Treasurer

Electronically Filed by Kellie Bray

Date

04

13

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Professional Insurance Agents Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		4058.16
(b) Cash on Hand at Beginning of Reporting Period	6667.58	
(c) Total Receipts (from Line 19)	7526.37	47365.95
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14193.95	51424.11
7. Total Disbursements (from Line 31)	38.12	37268.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14155.83	14155.81
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Professional Insurance Agents Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4000.00	25900.00
(i) Itemized (use Schedule A)	3525.00	21455.00
(ii) Unitemized	7525.00	47355.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	7525.00	47355.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.37	10.95
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7526.37	47365.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7526.37	47365.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	38.12	668.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	38.12	668.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	34600.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	2000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38.12	37268.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	38.12	37268.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7525.00	47355.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7525.00	47355.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	38.12	668.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	38.12	668.30

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry R. Adams, Adams

Mailing Address 518 Washington Street

City	State	Zip Code
Ashland	OR	97520-1896

FEC ID number of contributing federal political committee.

CName of Employer
Reinholdt & O'Harra Insurance IncOccupation
Insurance Agent

Receipt For: 2006

☒ Primary
 ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	5

Transaction ID: C148168

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard Brick, Brick

Mailing Address 5554 Clayton Rd #1-A

City	State	Zip Code
Concord	CA	94521

FEC ID number of contributing federal political committee.

CName of Employer
NBS Insurance AgencyOccupation
Insurance Agent

Receipt For: 2006

☒ Primary
 ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	5

Transaction ID: C139385

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark E. Hite, Hite

Mailing Address 400 W Lancaster Ave

City	State	Zip Code
Devon	PA	19333

FEC ID number of contributing federal political committee.

CName of Employer
Sovereign Insurance GroupOccupation
Insurance Agent

Receipt For: 2006

☒ Primary
 ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	0	5

Transaction ID: C148052

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A. Full Name (Last, First, Middle Initial) Rowland D. LeMaster, LeMaster Mailing Address 100 N Gleen Ave PO Box 910 City State Zip Code Washington C H OH 43160-0910 FEC ID number of contributing federal political committee. C Name of Employer Parrett Insurance Agency Inc Occupation Insurance Agent Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 5 Transaction ID: C148171 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Robert J. Leugers, Leugers Mailing Address PO Box 38 City State Zip Code Maria Stein OH 45860 FEC ID number of contributing federal political committee. C Name of Employer Leugers Insurance Agency Occupation Insurance Agent Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 5 Transaction ID: C139422 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Willard J. Lienemann, Lienemann Mailing Address 317 Central Ave PO Box 437 City State Zip Code Osseo MN 55369-0437 FEC ID number of contributing federal political committee. C Name of Employer City-Country Insurance Agency Occupation Insurance Agent Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 5 Transaction ID: C148177 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joe Lohman, Lohman

Mailing Address 10124 Jefferson Hwy

City State Zip Code
 Baton Rouge LA 70809-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lohman & Lohman Agency

Occupation
Insurance Agent

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 6 / 2 0 0 5

Transaction ID: C148178

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Roy Neal, Neal

Mailing Address 26205 Five Mile Rd

City State Zip Code
 Redford MI 48239-3199

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Insurance House-Zink
Agency Inc

Occupation
Insurance Agent

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 6 / 2 0 0 5

Transaction ID: C139396

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert P. Page, Page

Mailing Address PO Box 20010

City State Zip Code
 Houma LA 70360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Page & Sons Insurance Age-
ncy

Occupation
Insurance Agent

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 2 / 2 0 0 5

Transaction ID: C139428

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A. Full Name (Last, First, Middle Initial)
Carter A. Peterson, Peterson

Mailing Address 111 W 3rd St - Box 100

City State Zip Code
Wayne NE 68787

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Nebraska Ins Ag-
ency

Occupation
Insurance Agent

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
07 12 2005

Transaction ID: C148051

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

4000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City
Richmond

State
VA

Zip Code
23285-5024

Purpose of Disbursement
Bank Fees-7/05

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Other

Transaction ID: D5148

Date of Disbursement

/ /

Amount of Each Disbursement this Period

38.12

SUBTOTAL of Disbursements This Page (optional)

38.12

TOTAL This Period (last page this line number only)

38.12

Image# 26960047089

Form/Schedule:**F3XA** Difference is due to software calculation error.
Transaction ID:
